

**Primary Children's Medical Center, Salt Lake City, UT**



## Site Visit Summary

**Inspection Station Location Name:** Primary Children's Medical Center (PCMC)

**Street Address:** 100 Medical Center Drive

**City, State:** Salt Lake City UT **Phone:** 801-588-3683

**Email Contact:** Janet Brooks pcjbrook@ihc.com

**Date Visited:** June 4 – 6, 2002 **Observation conducted by:** Janet Dewey-Kollen and Julie K. Prom

**Type of Agency/Organization:** Children's Hospital operated in concert with Utah SAFE KIDS Coalition

**Type of service:** ☒ Fixed Site ☐ Mobile ☐ Both

**Inspections Completed Per Month:** 110 Total = 50 from daily walk-in hours, 60 from twice-a-month events

**Annual Budget (Including in-kind and paid advertising):**

☐ \$0 - 15,000 ☐ \$15,001 – 25,000 ☐ \$25,001 – 50,000 ☐ \$50,001 – 75,000 ☒ Over \$75,000

**Geographic Setting:** ☒ Urban ☒ Suburban ☐ Rural

### Program Setting:

The Primary Children's Medical Center (PCMC) is located in Salt Lake City and is a level 2 trauma center with a 232-bed capacity. An agency of the Intermountain Health Care organization, PCMC serves the largest geographical service area of any children's hospital in the U.S., reaching the states of Idaho, Montana, Nevada, Utah, and Wyoming.

### Populations Served:

The primary populations served by the PCMC car seat check program are hospital patients and the Salt Lake City community. Ten percent of the hospital's patient base includes the following groups: Hispanic, African American, Native American, and Pacific Islander. Special community outreach efforts are made to serve low-income populations.

## **OPERATIONAL DETAILS:**

PCMC began its child safety seat inspection service in January 2000. Services are provided at no cost to hospital patients or the public. Daily inspections are conducted in the patient drop-off area in front of the hospital. Twice-a-month evening inspection clinics are held in the hospital parking area. The program also works closely with Larry H. Miller Honda dealership, holding the monthly inspection clinics at this location on occasion. Inspections are conducted free of charge to participants.

### **Service Delivery Schedule:**

**Fixed site, set days/hours, drop-in basis:** Members of the Child Passenger Safety Squad are stationed at a designated location in the hospital lobby from 10-11am and 4-5 pm on weekdays for inspections. Families come to the lobby during these set hours for safety seat inspections. These families can be referred for help with child safety seat installation as a part of their hospital discharge preparation, at the hospital for a routine clinic visit, or even hospital employees. Clients referred from other hospitals and/or individuals from the community are encouraged to come to the PCMC for assistance during the standard hours, as well.

**Fixed site, set days/hours, by appointment:** On the 2<sup>nd</sup> and 4<sup>th</sup> Thursday nights of every month, the PCMC holds inspection stations from 3pm to 6pm in the hospital parking facility. These inspections are open to the community and inspections are conducted by appointment.

**Fixed site, by appointment only:** If a family cannot schedule a child safety seat inspection during the day or cannot attend the twice a month inspection clinics, the staff will schedule a special appointment for the family. For children discharged after normal business hours and during weekend hours, hospital staff will contact Safety Squad members in the PCMC's Safety and Security Department for a seat inspection.

**Tools and equipment used for inspections:** PCMC provides stocked rolling carts to the Safety Squad member on call and to the Safety and Security Department. The carts contain the following items: Up-To-Date Recall List, CSS Manufacturer's Instructions, Locking Clips, Belt-Shortening Clips, Replacement Seats, Foam Noodles, Slip Guard, Toys for Children, and Disinfectant

**Data Collection:** This station uses a standardized "inspection checklist." The form includes a liability waiver to be signed by the participant along with a section documenting seat replacement if needed. Completed inspection forms are hand-tallied and then entered into a database.

**Inspection process:** A typical inspection begins with one or two Safety Squad members stationed in the PCMC lobby greeting a parent/participant who has a child with him or her. The group moves to the parking lot or circle in front of the hospital for the inspection. The parent completes permission and information forms while the inspector and recorder note seat(s) and installation method in use by the family on arrival. The inspector verifies information on the form then makes recommendations for suggested changes, including appropriate seat for child and correct installation of seat. The Inspector fits the child in the seat and involves the child in the installation process as age appropriate. The inspector has the parent help in the installation process and/or discusses appropriate options with the parent. Inspectors distribute parent education materials, complete seat registration cards, and distribute promotional material as appropriate.

**Replacement Seat Policy:** PCMC replaces/provides seats to patients and/or siblings of patients as needed at no cost to the recipient. The program asks for a \$20 donation for seats replaced at community events or for those clients referred from other agencies. Only special needs seats are loaned to patients on a short term basis. These loans are typically handled through the Rehabilitation Department.

The average number of replacement seats provided per month:

Infant seats	11
Convertible seats/Combination seats	17
Belt-Positioning Booster seats	16
<b>TOTAL</b>	<b>44</b>

Funding for the replacement seats comes from multiple sources including: the PCMC Foundation, AAA of Utah grant, Utah Highway Safety Office, SugarHouse Rotary Club, Larry H. Miller Honda dealership, Babinski Baby Store, Utah SAFE KIDS Coalition, PCMC Child Advocacy Department, and National SAFE KIDS Buckle Up grants.

Replacement seats are purchased directly from manufacturer. The hospital provides both on site and off site storage. Distribution of seats is handled by the PCMC's Materials Management Department with staff ordering seats in the same manner as other hospital materials/equipment.

This site does not advertise the availability of replacement seats because they believe they would be overwhelmed with requests. They believe they can control distribution of seats best by providing seats on a situation-specific basis.

**Liability Insurance:** Liability insurance coverage for the inspection services provided by this site is through the PCMC's policy. Additional liability insurance for SAFE KIDS check up event is provided through the National SAFE KIDS Campaign. Inspectors are not required to have individual liability coverage.

## **STAFFING**

This site has a total of 5 core staff members who perform various functions as outlined below.

<p><b>Administrator</b>  <b>Employee?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  (In-kind Compensation)</p> <p><b># at this site:</b> 1</p>	<p><b>Title:</b> Child Advocacy Manager in PCMC's Community Relations Department</p> <p><b>Training Required:</b> BS Degree; Health Education; CPS Technician Training</p> <p><b>Time:</b> CPS program requires 50% of time</p> <p><b>Duties:</b> Oversees entire CPS program including inspections, training, budgeting, hiring, publicity, education, scheduling, and data tracking. Directly involved in hands-on inspections, community outreach and education, and public relations activities. As a part of other job functions, Administrator coordinates the Holds On To Dear Life program including media buys, injury prevention activities and legislative advocacy.</p>
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<p><b>Assistant Administrator</b>  <b>Paid Position?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  (In-kind Compensation)</p> <p><b># at this site:</b> 1</p>	<p><b>Title:</b> Patient/Family Community Education Manager</p> <p><b>Training Required:</b> CPS Technician and Health Education training</p> <p><b>Time:</b> 25% of time currently (During the first two years of the program, 50% of this employee's time was dedicated to CPS inspection station work. Initial responsibilities included conducting the twice-daily in-hospital inspection station program, initial training of all hospital staff, and community outreach.)</p> <p><b>Duties:</b> Current duties include staffing bi-monthly community fitting stations, conducting staff and community education activities.</p>
<p><b>Senior Checker</b>  <b>Paid Position?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  (Direct Program Expense)</p> <p><b># at this site:</b> 1</p>	<p><b>Title:</b> Staff Inspection Leader</p> <p><b>Training Required:</b> CPS Technician Training</p> <p><b>Time:</b> 23 hours per week</p> <p><b>Duties:</b> Coordinate and staff bi-monthly community inspection stations, man daily inspection stations and support general program activities.</p>
<p><b>Inspector</b>  <b>Paid Position?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  (In-kind Compensation)</p> <p><b># at this site:</b> 4 at hospital and 2 at outpatient rehabilitation clinic</p>	<p><b>Title:</b> Staff Participants</p> <p><b>Training Required:</b> Child Passenger Safety technician and/or safety seat installation training.</p> <p><b>Time:</b> 10-15% of time</p> <p><b>Duties:</b> PCMC staff including 2 physical therapists, 1 occupational therapist, and a therapy aide who primarily address special needs fittings for both inpatients and outpatients. Two security officers also conduct fittings on an on-call basis for weekend and after work hour discharges, and also assist with bi-monthly clinics.</p>
<p><b>Scheduler</b>  <b>Paid Position?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  (In-kind Compensation)</p> <p><b># at this site:</b> 1</p>	<p><b>Title:</b> Administrative Assistant, Community Relations Department</p> <p><b>Training Required:</b> CPS Technician Training</p> <p><b>Time:</b> 25% or 8 hours of a 32 hour work week</p> <p><b>Duties:</b> Answers the CPS 588-CARS hotline and responds to questions from the public; advises people of hours for PCMC's daily and bi-monthly inspection stations and schedules appointments as needed. Because this staff person is a CPS Technician, the scheduler can also answer basic CPS questions from callers. This staff person also assists with ordering and organizing supplies and assists in budget tracking.</p>

**Paid Staff:** Salaried staff members' regular responsibilities include child passenger safety inspection work. The Staff Inspection Leader is a contracted position funded by the Utah Highway Safety Office.

**Use of Volunteers:** On site, the only volunteers this inspection station uses are the PCMC language interpreters. Off-site, the program works with a limited number of volunteers, primarily associated with community safety events.

**Staff Turnover:** This site has not had problems with turnover of the core staff members. However, since staff members come from several departments throughout the hospital, the amount of time individual staff members are authorized to spend in CPS activities can vary and change according to the level of support provided by the respective staff members' department heads.

**Staff Training and Continuing Education:** All key program personnel and Safety Squad members receive the 32-hour certified CPS technician training.

When the PCMC committed to providing CPS inspection services in January 2000, hospital administrators agreed to make CPS skills training mandatory for all hospital staff. The Inspection Station program manager and program assistant manager conducted training for 1000 employees through the hospital "mandatory skills" education program. Staff members were trained to identify the basic safety seat needs of a patient and to refer families for a complete safety seat inspection as needed. Once existing staff was trained, the CPS module was integrated into the new hospital employee training.

Additional training for direct patient care providers is accomplished through PCMC's Quarterly Education Module, a mandatory, self study program. Ongoing training opportunities are available through two-day and 8-hour training courses, annual hospital mandatory skills review courses, special department trainings, and special refresher courses.

To ensure that accurate information is being disseminated, inspections are regularly monitored by the program manager and/or assistant manager.

Updates, recalls, and/or other emerging issues are disseminated directly to key Safety Squad members and indirectly through updates via the hospital newsletter and e-mail announcements

## **PROMOTIONAL AND OUTREACH ACTIVITY**

Various promotional activities are conducted to encourage the public to use the inspection station services including:

**Give-away items (e.g. buttons, coloring books)** – The program makes available various traffic safety focused items including zipper pulls, stencils, hats, etc. In addition to use with families, these items are provided to groups requesting traffic safety information for distribution at special meetings.

**Brochures/Flyers** – The program distributes three core educational handouts to patients, referral sources, and special consumer groups. Two of the handouts are developed in-house and a third handout on booster seats is made available by the Utah Highway Safety Office. Staff believes that 30% of their total referrals from physician offices, day care centers, and law enforcement agencies and other sources are related to the distribution of these flyers promoting the inspection station services.

**Posters** – Special posters, "Stop Before You Go," promoting the inspection station services are framed and posted by elevators in the patient areas of the hospital.

**Newspaper ads/PSAs/articles** – PCMC rarely uses traditional newspaper advertising or editorial outreach, but does place ads promoting use of the inspection station services on pharmacy bags, and in community and other newsletters.

**Radio and Television ads/PSAs/articles** – The PCMC’s Hold On To Dear Life (HOTDL) program has for the past 11 years been the beneficiary of a grant in the amount of \$100,000 for public information and education activities about traffic safety and childhood injury prevention. The appeals are usually based on real-life traffic tragedies and/or saves. Public recognition of the HOTDL program and message is 67% according to a 2002 public survey.

The HOTDL program buys \$25,000 in radio ad time annually. Seventy-five percent of this buy promotes traffic safety programs and the 588-CARS hotline specifically. The HOTDL program buys \$75,000 - \$100,000 in local television ad time annually and has maintained this level of television messaging since 1990. All of the television advertising promotes traffic safety programs and the 588-CARS hotline specifically.

Although three times as much is spent on television for overall awareness activities, the program staff believes that radio advertising of the 588-CARS hotline results in approximately 50% of the calls the hotline receives requesting car seat information and inspections.

**Community Events** – The PCMC inspection station program staff also participates in check up events with other community partners, which they believe result in about 10% of their referrals.

**Word of Mouth** – The program staff believes that approximately 10% of their referrals come via word of mouth.

**Other** – The program is considering mailing “follow-up” or “reminder” cards to families. The cards would encourage families to return to the PCMC for re-inspection services at particular milestones in their child’s development.

**“Specialized” activities** - The PCMC program participated in the Boost America program, with a focus on booster seat inspections and distributions.

**Targeted Promotional and Outreach Activity:** To further promote child passenger safety and raise awareness of the inspection station services, the program manager and assistant managers present CPS information to Head Start groups, women’s church groups, parenting groups, grandparenting groups, and foster parent/case worker groups. The program also participates in annual School Nurse Conferences, PTA Conferences, school-based special needs resource fairs, and the Larry Miller Honda Child Safety Day (their community auto dealership partner.)

**Key Promotional Partnerships:** The PCMC inspection station staff believes that relationships with the Utah Highway Safety Office, National SAFE KIDS Campaign and Utah SAFE KIDS Coalition and the PCMC Foundation have been critical to the success of their program. The program credits television and radio advertising through the HOTDL effort as a key outreach activity. Additionally, seats made available through the AAA of Utah and through General Motors programs were critical to the program’s success.

## **FUNDING AND BUDGET**

The estimated annual PCMC inspection station budget for program support, replacement seats and direct personnel costs is \$81,500. In-kind personnel and paid advertising bring the estimated total cost of this program to \$250,250.

**In-Kind Services and Materials:** PCMC provides in kind support of approximately \$75,000 for the staff members listed above who contribute substantially to the inspection seat program. In addition, hospital staff from rehabilitation, neonatal intensive care unit (NICU), outpatient, public relations, materials management, accounting, administration, and other departments support the program. Additionally, staff offices and space for inspections are provided in-kind. HOTDL funds used to help promote traffic safety messaging and educational outreach, including the child safety seat inspection services program, total \$93,750.

### **PCMC CPS Inspection Station Budget Overview**

<b>Expense</b>	<b>Amount</b>	<b>Subtotal</b>
<b>Program Support:</b> Printing, equipment, supplies, postage, training, storage, promotional materials, etc.	\$50,500	
<i>Subtotal</i>		\$50,500
<b>Seats:</b> (525 per year x \$40 per seat)	\$21,000	
<i>Subtotal</i>		\$71,500
<b>Personnel (Direct Program Expense):</b> Contractor/Staff Inspection Leader	\$10,000	
<i>Subtotal</i>		\$81,500
<b>In-kind Personnel Costs</b>	\$75,000	
<i>Subtotal</i>		\$156,500
<b>Paid Advertising</b>	\$93,750	
<b>Total</b>		<b>\$250,250</b>

**Funding:** Funds for the PCMC Child Safety Seat Program come from multiple sources including the Huntsman Foundation, PCMC Foundation, PCMC Child Advocacy/Community Relations Department, Union Pacific, BMW Bank, Sinami Foundation, Utah Office of Highway Safety, AAA of Utah, Larry Miller Honda, National SAFE KIDS Campaign, Utah SAFE KIDS Coalition, SugarHouse Rotary, Babinski Baby Store.



## **DEVELOPMENT OF THE INSPECTION STATION**

In 2000, former National Transportation Safety Board Chairman Jim Hall visited the PCMC and issued a call to action for more child safety seat inspection stations across the country. The PCMC responded by creating their Child Passenger Safety Program in order to respond directly to consumer requests for inspection station services generated in large part by the Hold on to Dear Life safety awareness program. PCMC's association with the National SAFE KIDS Campaign and GM SAFE KIDS Buckle Up program also stimulated development of the permanent inspection station.

The resources most helpful to PCMC in the development of the inspection station were the Utah Highway Safety Office, the National and Utah SAFE KIDS organizations, the Hold on to Dear Life Program, groups willing to donate funds for car seats and the availability of the standardized child passenger safety training program.

**The inspection station personnel cited the following challenges and solutions during the initial development and setting up of this inspection station.**

<b>Challenge</b>	<b>Solution</b>
Identifying available hospital staff to conduct safety seat inspections.	<ul style="list-style-type: none"><li>• The program manager identified departments that had natural connections to the prevention goals of the program, including community education, rehabilitation department, neonatal intensive care unit (NICU).</li><li>• Creative use of staff support and training opportunities.</li></ul>
Securing hospital support for: <ul style="list-style-type: none"><li>• Institutionalization of the program throughout hospital,</li><li>• Establishing regular inspection service hours (10-11am and 4-5pm daily)</li><li>• Addition of service to discharge policy</li></ul>	<ul style="list-style-type: none"><li>• Presented statistics on need for program to hospital administrators and to key management groups including the policy and procedures committee, department directors committee and the quality education module (QEM training) committee.</li></ul>
Lack of trained inspectors and limited training opportunities.	<ul style="list-style-type: none"><li>• Program solicited hospital staffers who were willing to respond to calls for inspection station services during 8-5, M-F hours. Provided inspector level training for these "Safety Squad" members</li><li>• Developed on-site, 1-2 day training program for all staff</li><li>• Met with unit educators to identify special training needs and program for specific units</li><li>• Integrated training into new employee orientation</li><li>• Program managers made themselves readily available for special training and consultations as needed.</li></ul>

## **ADMINISTRATIVE AND OPERATIONAL CHALLENGES AND SOLUTIONS**

The inspection station personnel cited the following challenges and solutions involved in the on-going operation of this service.

<b>Challenge</b>	<b>Solution</b>
Regular patient care duties limited the amount of time many trained safety squad members were actually available to respond to inspection requests. Pager-based request for inspections became increasingly difficult to staff.	<ul style="list-style-type: none"><li>• Received grant from Utah Highway Safety Office to hire staff inspection leader to serve as primary responder for inspection requests.</li><li>• Relied on initial safety squad members for referrals and back up assistance</li><li>• Established structured hours for safety seat inspections</li></ul>
Encourage staff to refer patients/families for inspections	<ul style="list-style-type: none"><li>• Provided education about seat inspection program, supporting statistics and availability of services to all staff through mandatory training programs and new employee orientation.</li></ul>
Storage of safety seats	<ul style="list-style-type: none"><li>• Rented off-site storage unit.</li></ul>

### **Significant Changes Made to the Inspection Station Since It Began:**

Administrative – Changed from pager-based request for services to set times for services.

Location – Added twice monthly evening community safety seat inspections to respond to requests from community.

Funding – Additional funds available from community and from PCMC Foundation

Personnel – Additional, dedicated staff trained for inspections

### **Significant Changes to the Inspection Station Under Consideration or Imminent:**

Location – Considering location for community inspections that is more centrally located in community.

Funding – Received \$50,000 Phase II SAFE KIDS Buckle Up grant for expanded services and outreach.

Personnel – Plan to train more technicians and instructors and to provide additional continuing education.

### **Circumstances That Would Cause the Inspection Station to Terminate:**

Lack of funds for child safety seats

Lack of grant funds for staff inspection leader position

Substantial change in administrative and/or departmental support for program

## **PROGRAM EVALUATION**

The PCMC Child Safety Seat Inspection Station program is self-evaluated, based on the quantity of inspections and patterns of misuse. Evaluation activities include review of inspection forms, observation of staff during inspections and on-going program review for grant performance requirements. In addition, the program is reviewed annually by PCMC administration, the PCMC Foundation Board of Trustees, the PCMC Policy and Procedures Task Force. The program plans to begin distributing customer satisfaction surveys at the time of inspection.

## **ADDITIONAL COMMENTS AND RECOMMENDATIONS FROM SITE FOR OTHERS**

### **What are the most FREQUENT reasons people give you for using your service?**

Referral by doctor or nurse, heard radio or television message about high CSS misuse rates, frustration with installing seat, do not understand car seat instructions, other hospitals do not offer to help in child passenger safety.

### **Have you identified reasons why more people in your target DO NOT utilize your service?**

Location out of the way, don't offer rentals, don't offer free seats to the general public, unaware of service provided

### **If you had the chance to start over again, is there anything you would do differently? If yes, explain:**

Evaluate and match staffing needs and available budget more carefully, establish hours of service rather than relying on "on call" system.

**What would you recommend to other organizations starting an inspection station as the most important things to do?** Begin slowly adding improvements in services in steps, establish funding partners, get "buy-in" from administrators and staff, establish relationship with public relations department to promote availability of service to community, share successes (even incremental) of the program with sponsoring agency administrators, recognize support of administrators and funders.

**What would you recommend to other organizations starting an inspection station as the most important things to avoid?** Avoid depending on a volunteer base, do not commit to service level before knowing fiscal and staffing resources available, do not overlook potential program supporters because they are not "traditional caregivers," e.g. at PCMC the security staff technicians are an integral and motivated part of the team and provide critical coverage during "off-peak" hours.

## **CHILD SAFETY SEAT MISUSE TRENDS**

**Overall, the top three misuses observed by this inspection station are:** safety belt NOT holding seat tightly, locking clip used incorrectly or not used when needed, safety seat harness loose on child.

**The most common infant seat misuse observed is:** harness retainer clip in the wrong place.

**The most common convertible or forward-facing only seat with harness misuse observed is:** harness in the wrong slots.

**The most common booster seat misuse observed is:** harness used beyond weight limit.

**The most common safety belt misuse observed is:** child too small/young for adult safety belt.

**Primary Children's Medical Center  
Sample Materials**

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## Car Seat Distribution and Education

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### Policy Statement

Every child leaving Primary Children's Medical Center (PCMC) is entitled to leave in the safest manner possible. This may include receiving a new child safety seat from the hospital if the family cannot provide their own. Or, it may mean the parents of the child bringing a child safety seat to the hospital to have a safety evaluation and proper placement of the seat in the vehicle. PCMC receives special donations from local and national organizations to purchase infant/child safety seats or special needs child safety seats for use in motor vehicles. These child safety seats may be given out at no cost or charge to the parent or guardian. A loaner program for special needs child safety seats requires a small deposit, refundable on return of the special needs child safety seat. The purpose of this policy:

- A. To provide direction to employees on how child safety seats and special needs child safety seats may be obtained for PCMC patients.
- B. To properly fit a child in a child safety seat.
- C. To inform families of the times staff will be available to help them properly install the child safety seat in their vehicle.
- D. To inform staff of who to contact if special assistance is needed to fit a child for a physiologic child safety seat trial (ext. 3683 or 4071; beeper #6715 or #6793; or a PT/OT).

### Scope

All PCMC hospital staff and patients.

### Definitions

- A. Child Passenger Safety Technician: Has attended a four-day training class and received certification.
- B. Skills Lab: Room located on the 3<sup>rd</sup> Floor in the Education Department.
- C. Appropriate child safety seat is one that:
  - 1. is less than 6 years old;
  - 2. has manufacturer date and model number on it;

\*\*\*Requires physician order for implementation.

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3. has never been in a crash; and
4. has no visible defects and no missing parts.

D. Scheduled hours for proper placement of child safety seat in vehicles:

10:00 a.m. – 11:00 a.m., Monday through Friday

4:00 p.m. – 5:00 p.m., Monday through Friday

### Provisions

A. Determination of a Car Seat Need

1. Infants and children at PCMC will be assessed by staff to identify if a child safety seat or special needs child safety seat is needed.
2. The health care provider (RN, LPN, CNA, Physical Therapist (PT), Occupational Therapist (PT), or Nurse Case Manager) may assess and identify a patient child safety seat need on admission or at any time during hospitalization. Providing parent/guardian education and training, or obtaining the child safety seat after receiving a discharge order is discouraged. Discharge delays should be avoided.

B. Patient/Family education

1. Encourage the family to watch the video "Don't Risk Your Child's Life" either on Channel 38 or by going to the skills Lab.
2. The health care provider will assist the family in properly fitting child into the child safety seat.
3. During scheduled hours (see definitions), families wishing help installing their child safety seat in their vehicle will be able to have it done at that time.
4. Health care providers should make every effort to assist parents with proper fitting of the child into the child safety seat.
5. Health care providers will inform the families of the scheduled hours to have their child safety seat properly fitted in their vehicle by a certified passenger safety technician in a timely manner so as to be ready to leave the hospital without delay upon discharge.

C. Scheduled hours

1. Monday through Friday, 10:00 a.m. – 11:00 a.m., and 4:00 p.m. – 5:00 p.m.
2. Weekends and holidays: contact security for assistance by dialing "0."
3. Families unable to obtain assistance during scheduled hours may be referred to PCMC's 2<sup>nd</sup> and 4<sup>th</sup> Thursday of the month community check points by calling the Car Seat Safety Hotline at 588-2277.

D. Child safety seats

\*\*\*Requires physician order for implementation.

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1. When necessary, child safety seats are provided free of charge by PCMC Foundation and can be obtained through Materials Management.
2. In special circumstances, a sibling may need a child safety seat. Follow the same procedure.

**E. Special assistance**

1. All families leaving the hospital are encouraged to view "Don't Risk Your Child's Life" and participate in the child safety seat installation.
2. A Child Passenger Safety Technician can be contacted at #6715 to help with children with special needs, car beds or special needs seats to fit a child in a child safety seat prior to a physiologic car seat trial.

**F. Staff education**

Staff will be educated through the QEM, mandatory skills and New Employee Orientation.

**Description of Procedural Steps**

**A. General Child Safety Seat (infant, convertible, or booster)**

1. The Nurse, PT, OT or Nurse Case Manager will assess and identify a patient child safety seat need. Once identified, the seat will be ordered from Materials Management. The seat will be delivered to the patient's room.
2. The health care provider will have the families:
  - i. Watch the video *Don't Risk Your Child's Life* passenger safety video available on PCMC closed circuit educational TV channel 38 or have them preview it in the skills lab.
  - ii. Assist the family in the proper fitting of the child in a child safety seat.
  - iii. Have the family participate in proper installation of child safety seat into the vehicle during scheduled hours by a child passenger safety technician.

**B. Special Child Safety Seat or Restraint Device (Easy On Vest, car bed or Spelcast child safety seats, etc.)**

1. The health care provider will assess and identify when a special needs child safety seat or restraint device is needed.
2. Health care provider will contact either a PT/OT or a Child Passenger Safety Technician for further assistance.

\*\*\*Requires physician order for implementation.

## Quarterly Education Module

1<sup>st</sup> Quarter 2002

Issued 01/21/02-- Due 3/4/02

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### Instructions

1. Read the topics appropriate to your department and discipline.
2. Follow the instructions in the "Training and reinforcement activities" section in each topic for required and/or suggested training. Clarify with your department educator or manager what specific requirements are for you.
3. Date and initial the **QEM checklist** for each topic you complete.
4. Turn in the **QEM Checklist** to your unit Educator or Manager on or before **Monday, March 4, 2002**.

**Note: This QEM is almost entirely clinical. Nonclinical persons (except for Security Personnel in Topic 1) do not need to do this QEM.**

### Topic 1:

#### Car Seat Distribution and Education

**Departments:** All Inpatient Units, SDS, ED, Security

**Disciplines:** RN, LPN, CNA, Clerk, PT, OT, Security Personnel

Motor vehicle crashes are the leading cause of death in children over 1 year of age. Every child leaving Primary Children's Medical Center (PCMC) is entitled to leave in the safest manner possible. This may include receiving a new child safety seat from the hospital (if the family cannot provide their own) or the parents may bring a child safety seat to the hospital. Either way, they may have a safety evaluation and proper placement of the seat in the vehicle.

PCMC receives donations to purchase infant/child safety seats and special needs child safety seats. Regular child safety seats may be given out at no cost to the parent or guardian. Special needs child safety seats are available through a loaner program and require a small deposit, refundable on return.



	<p><b>Determining Need for a Car Seat</b></p> <ul style="list-style-type: none"> <li>• Staff (RN, LPN, CNA, Physical Therapist (PT), Occupational Therapist (PT) or Nurse Case Manager) identifies if a safety seat or special needs safety seat is needed by asking the parents "Do you have a car seat?" on admission or at any time during hospitalization.</li> <li>• If needed, obtain the proper car seat for the patient. Do not wait till the discharge order is written before obtaining the child safety seat or providing education as this will delay discharge.</li> </ul> <p><b>Patient/Family education</b></p> <ul style="list-style-type: none"> <li>• Encourage the family to watch the video "Don't Risk Your Child's Life" either on Channel 38 or in the skills Lab.</li> <li>• Assist the family to properly fit the child into the safety seat.</li> <li>• If a family wants help to install the child safety seat in their vehicle, inform them of the scheduled hours this service is available from a Child Passenger Safety Technician (see below).</li> </ul> <p><b>Scheduled hours for a Child Passenger Safety Technician:</b></p> <ul style="list-style-type: none"> <li>• Monday through Friday: 10:00 a.m. – 11:00 a.m. and 4:00 p.m. – 5:00 p.m. (extension 3683 or 4071; beeper #6715 or #6793).</li> <li>• Weekends and holidays: contact security for assistance (dial "0")</li> <li>• Families unable to obtain assistance during scheduled hours may be referred to PCMC's 2<sup>nd</sup> and 4<sup>th</sup> Thursday of the month community check points (call the Car Safety Seat Hotline: 588-2277).</li> </ul> <p><b>Infant/Child safety seats:</b></p> <ul style="list-style-type: none"> <li>• Child safety seats are provided free of charge by PCMC Foundation and can be obtained through Materials Management.</li> <li>• In special circumstances, a sibling may need a child safety seat. Follow the same procedure.</li> </ul> <p><b>Special assistance</b></p> <ul style="list-style-type: none"> <li>• A Child Passenger Safety Technician can be contacted at #6715 to help with children with special needs, car beds or special needs seats. They can fit the child in a child safety seat prior to a physiologic car seat trial.</li> </ul>
<b>Training and reinforcement activities</b>	<ol style="list-style-type: none"> <li>1. Policy InfoBase: <i>Folio Views</i> → <i>Primary Children's Medical Center</i> → <i>Patient Care</i> → <i>General Patient Care Related Policies and Procedures</i> → <i>Car Seat Distribution and Education</i></li> <li>2. All RNs, LPNs, CNAs, PT and OT will receive mandatory training in properly fitting children into child safety seats. This training will occur in a unit mandatory training pass-off session or during New Employee Orientation. If you have any questions about the mandatory training, contact your unit Educator or Manager.</li> <li>3. Video "Don't Risk Your Child's Life"</li> <li>4. "Let's Talk About...Child Safety Seat Guidelines"</li> </ol>
<b>What you should be able to do</b>	<ul style="list-style-type: none"> <li>• Assess need for a child safety seat.</li> <li>• Identify appropriate child safety seat in the appropriate size (for height and weight).</li> <li>• Properly fit a child into a child safety seat.</li> <li>• Access a Child Passenger Safety Technician to fit the safety seat into the car or inform families how to obtain this assistance.</li> </ul>
2	

## **QEM Checklist**

1<sup>st</sup> Quarter 2002 Due 3-4-2002

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Dept. Name: \_\_\_\_\_ Dept. No: \_\_\_\_\_

1. Read the topics appropriate to your department and discipline.
2. Follow the instructions in the "Training and reinforcement activities" section in each topic for required and/or suggested training. Clarify with your department educator or manager what specific requirements are for you.
3. Date and initial the QEM checklist for each topic you complete.
4. Turn in the **QEM Checklist** to your unit Educator or Manager on or before Monday, March 4, 2002.

Topics	Departments	Disciplines	Date and Initial When Complete
1 Car Seat Distribution and Education	All Inpatient Units, SDS, ED, Security	RN, LPN, CNA/Ped Tech Clerks, PT, OT, Security Personnel	
2 Peripheral IV Therapy	All inpatient units, OPD, SDS, ED, OR, Nuclear Medicine, MRI, CAT Scan	RN, LPN, LIP, any personnel placing or caring for peripheral IV catheters	
3 Enteral Tube Database	All Patient Care areas, Outpatient Clinics, Radiology, Surgery	RN, LPN, NP, Radiology Tech, Dietitians	(attach worksheet)
4 Patient Identification Policy	All inpatient nursing units, Laboratory, Radiology	RN, LPN, CNA/Ped Tech, Unit Clerk, Laboratory Personnel, and Radiology Techs	
5 Other: Procedure: Administering TPA in Pigtail Catheters; Nursing Task List and Delegation Standard	All patient care areas	Read key points and reference protocols/procedures as they apply to your position.	

**Staff Acknowledgment (please read carefully):** My signature below indicates that I have read and understood the information contained in the Quarterly Education Module associated with this document. I understand my responsibility and accountability in the areas indicated for my position, and feel I have the knowledge and training to assimilate these competencies in my everyday work as appropriate to my position.

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Mgr/Educ Init: \_\_\_\_\_ Rec'd Date: \_\_\_\_\_

## CHILD SAFETY SEAT CHECKPOINT FORM Revised 10/3/00

Participant's Name: \_\_\_\_\_ Telephone# \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
**CHILD INFORMATION:** Age \_\_\_\_\_ MR# \_\_\_\_\_ Weight \_\_\_\_\_ Height \_\_\_\_\_  
**VEHICLE INFORMATION:** Manufacturer \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_

I understand and agree that the purpose of this program is to help reduce the improper use of car safety seats; that this inspection is being provided as a free service to me; that this program does not evaluate the quality, safety, or condition of my safety seat or any component of my vehicle, including seats or safety belts; that this program will not guarantee my child's safety in a car crash. I understand that a properly used safety seat can reduce fatal injury by 69% for infants and 47% for toddlers. For these reasons, I hereby release Primary Children's Medical Center and any program participants, from any present or future liability for any injuries or damages that may result from a car crash or otherwise.

Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Checker(s) Name(s): \_\_\_\_\_ Site: \_\_\_\_\_ Date: \_\_\_\_\_

Is there a passenger-side air bag? ☐ No ☐ Yes (Children age 12 and younger should ride secured in the back seat)  
 Seat Type: ☐ Infant ☐ Convertible ☐ Forward-Facing Only ☐ Belt-Positioning Booster ☐ Shield Booster ☐ Built-In  
 Mfg: \_\_\_\_\_ Model(#): \_\_\_\_\_ Mfg Date: \_\_\_\_\_  
☐ Recalls (Explain) \_\_\_\_\_  
 How did the parent obtain this child restraint? ☐ New ☐ Used (obtain a used CSS checklist and go through it)  
 Has the seat ever been in a crash? ☐ Yes (Destroy) ☐ No ☐ Unknown (used seat checklist and/or Destroy)  
 Child present for car seat check? ☐ Yes ☐ No  
**How did participant learn of car seat safety check?** ☐ Flyer/Brochure ☐ TV ☐ Radio ☐ Newspaper ☐ Friend

**Mark an X at where you found the safety seat**

**Mark an M at where it was moved**

If possible, check the belt system for compatibility in all seating positions  
 the safety seat is placed in and advise parent of proper installation!

Driver		

### REAR-FACING INFANT SEAT OR CONVERTIBLE SEAT

NOTE: a child should be rear-facing until at least one year of age and at least 20 lb. If a child is less than 1 year and over 20 lb., a seat with a greater rear facing weight limit should be obtained.

- |  |   |
|--|---|
| <input type="checkbox"/> Seat in front of air bag.....   | <input type="checkbox"/> Corrected      |
| <input type="checkbox"/> Child NOT within mfg's recommended weight/height range.....                                   | <input type="checkbox"/> Recommend Seat |
| <input type="checkbox"/> Seat NOT facing rearward.....   | <input type="checkbox"/> Corrected      |
| <input type="checkbox"/> Seat NOT reclined to 45° (use rolled towel/funnoodle in crack of vehicle seat).....           | <input type="checkbox"/> Corrected      |
| <input type="checkbox"/> Thick blanket or padding placed between child and harness or safety seat.....                 | <input type="checkbox"/> Corrected      |
| <input type="checkbox"/> Harness NOT snug (1 finger rule).....   | <input type="checkbox"/> Corrected      |
| <input type="checkbox"/> Harness NOT at or below shoulder level.....   | <input type="checkbox"/> Corrected      |
| <input type="checkbox"/> Retainer clip NOT present IF REQUIRED.....  | <input type="checkbox"/> Corrected      |
| <input type="checkbox"/> Retainer clip NOT at armpit level and used correctly.....                                     | <input type="checkbox"/> Corrected      |
| <input type="checkbox"/> Safety belt NOT routed correctly.....   | <input type="checkbox"/> Corrected      |
| <input type="checkbox"/> Safety belt NOT holding seat tightly in vehicle (no more than 1 inch movement).....           | <input type="checkbox"/> Corrected      |
| <input type="checkbox"/> Safety belt NOT in locked mode (no locking clip, switched retractor, locking latchplate)..... | <input type="checkbox"/> Corrected      |
| <input type="checkbox"/> Regular locking clip NOT used correctly, IF REQUIRED (½ inch from latchplate).....            | <input type="checkbox"/> Corrected      |
| <input type="checkbox"/> Harness ends are NOT secured correctly (harness double-backed through slide adjuster) .....   | <input type="checkbox"/> Corrected      |
| <input type="checkbox"/> Harness NOT threaded correctly .....  | <input type="checkbox"/> Corrected      |
| <input type="checkbox"/> Carry Handle in upright position.....   | <input type="checkbox"/> Corrected      |

**Problems/Comments:**

### FORWARD-FACING ONLY OR FORWARD-FACING CONVERTIBLE SEAT

NOTE: A child should not be forward facing until 1 year of age and 20 lb. If a child is less than 1 year and over 20 lb., a seat with a greater rear facing weight limit should be obtained.

Seat Type: ☐ 5-point harness ☐ T-Shield ☐ Tray-Shield

- ☐ Seat in front of air bag.....☐ Corrected
- ☐ Child NOT within mfg's recommended weight/height range.....☐ Recommend Seat
- ☐ Seat NOT forward facing.....☐ Corrected
- ☐ Seat NOT upright (be sure to check recline adjuster).....☐ Corrected
- ☐ Harness NOT snug (1 finger rule).....☐ Corrected
- ☐ Harness NOT in top slots (at or above shoulder level / over reinforcement bar).....☐ Corrected
- ☐ Retainer clip NOT present IF REQUIRED.....☐ Corrected
- ☐ Retainer clip NOT at armpit level and used correctly.....☐ Corrected
- ☐ Safety belt NOT routed correctly.....☐ Corrected
- ☐ Safety belt NOT holding seat tightly in vehicle (no more than 1 inch movement).....☐ Corrected
- ☐ Safety belt NOT in locked mode (no locking clip, switched retractor, locking latchplate).....☐ Corrected
- ☐ Regular locking clip NOT used correctly IF REQUIRED (½ inch from latchplate).....☐ Corrected
- ☐ Harness ends are NOT secured correctly.....☐ Corrected
- ☐ Harness NOT threaded correctly.....☐ Corrected
- ☐ Seat NOT complete (shield is in use if required, etc.).....☐ Corrected

Problems/Comments:

### BOOSTER SEAT

NOTE: A child should not be moved into a booster until they have outgrown their convertible or toddler seat.

Seat Type: ☐ Belt-positioning ☐ Shield ☐ High-back (if a harness is being used, use the checklist above)

#### FOR BELT-POSITIONING BOOSTERS:

- ☐ Seat in front of air bag.....☐ Corrected
- ☐ Child NOT within mfg's recommended weight/height range.....☐ Recommend Seat
- ☐ Lap and shoulder belt does NOT fit child properly.....☐ Corrected
- ☐ Shoulder belt NOT being used.....☐ Corrected
- ☐ Locking clip used but NOT needed.....☐ Corrected
- ☐ Head NOT supported by vehicle seat back (use high back booster for head restraint).....☐ Corrected

#### FOR SHIELD BOOSTERS:

If the booster has a removable shield, and there are shoulder belts in the back seat, the shield should be removed and the seat be used as a belt-positioning booster (if child's weight/height meets mfg's range).

- ☐ Seat in front of air bag.....☐ Corrected
- ☐ Child NOT within mfg's recommended weight/height range.....☐ Recommend Seat
- ☐ Seat belt NOT routed correctly (check both the lap and shoulder belt placement).....☐ Corrected
- ☐ Safety belt NOT holding seat tightly in vehicle (no more than 1 inch movement).....☐ Corrected
- ☐ Safety belt NOT in locked mode (no locking clip, switched retractor, locking latchplate).....☐ Corrected
- ☐ Regular locking clip NOT used correctly, IF REQUIRED (½ inch from latchplate).....☐ Corrected
- ☐ Shield NOT snug.....☐ Corrected

Problems/Comments:

### REPLACE SEAT AT CHECKPOINT

New Seat/Make/Model: \_\_\_\_\_

Registration card completed and mailed to manufacturer by checkpoint organizer: ☐ Yes ☐ No